

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

10/15/2018
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				1		
4				1		
5				1		
6				1		
7				1		
8				1		
9				1		
10				9		
11				9		
12				9		
13				9		
14			1			
15				1		
16				1		
17				1		
18				1		
19				2		
20				2		
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TOTAL IND.			2			
TOTAL DEP.			57			
TOTAL			59			

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